

**FIRE FATALITY REPORT FORM**

OFFICE OF THE STATE FIRE MARSHAL

VICTIM INFORMATION			
LAST NAME Garcia-Diaz		FIRST NAME Nancy	
MIDDLE INITIAL Y			
ADDRESS 17129 B Tester Road			
CITY Snohomish	STATE WA	ZIP CODE 98290	
AGE 6 weeks	DATE OF BIRTH April 11, 2009	GENDER Female	
LOCATION			
INCIDENT DATE May 18, 2009		TIME OF DAY 08:56	
INCIDENT ADDRESS 17129 B Tester Road		INCIDENT NUMBER AC09001130	
CITY Snohomish	STATE WA	ZIP CODE 98290	
AUTHORITY HAVING JURISDICTION Snohomish County	FIRE DEPARTMENT ID NUMBER (NFIRS) 31M09	COUNTY Snohomish	REGION 4
REPORTING AGENCY Snohomish County Fire Marshal Office	REPORTING PERSON Mike Makela #C5018	PHONE 425-388-3411 x 2415	
OCCUPANCY: RENTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OWNED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DOLLAR LOSS \$120,000	
INCIDENT INFORMATION			
ORIGIN OF IGNITION <input type="checkbox"/> INTENTIONAL <input checked="" type="checkbox"/> UNINTENTIONAL <input checked="" type="checkbox"/> FAILURE OF EQUIPMENT OR HEAT SOURCE <input type="checkbox"/> ACT OF NATURE <input type="checkbox"/> CAUSE UNDER INVESTIGATION <input type="checkbox"/> CAUSE UNDETERMINED AFTER INVESTIGATION		SOURCE OF IGNITION <input type="checkbox"/> CANDLE <input type="checkbox"/> CHILD WITH ACCESS TO IGNITION DEVICE <input type="checkbox"/> COOKING <input type="checkbox"/> DRUG MANUFACTURING / LAB <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL APPLIANCE <input checked="" type="checkbox"/> OTHER: Electrical Extension Cord	
HUMAN FACTORS <input type="checkbox"/> ASLEEP <input type="checkbox"/> POSSIBLY IMPAIRED BY ALCOHOL OR DRUGS <input type="checkbox"/> UNATTENDED OR UNSUPERVISED PERSON <input type="checkbox"/> POSSIBLY MENTALLY DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> MULTIPLE PERSONS INVOLVED <input type="checkbox"/> AGE WAS A FACTOR <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE		FEATURES OF FIRE PROTECTION SMOKE ALARM/DETECTORS: <input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OPERATIONAL <input type="checkbox"/> NOT OPERATIONAL <input checked="" type="checkbox"/> UNKNOWN POWER SOURCE <input checked="" type="checkbox"/> BATTERY OPERATED <input type="checkbox"/> HARD WIRED FIRE SPRINKLERS: <input type="checkbox"/> PRESENT <input checked="" type="checkbox"/> NOT PRESENT <input type="checkbox"/> ACTIVATED <input type="checkbox"/> NOT ACTIVATED	
OCCUPANCY TYPE (International Building Code) <input type="checkbox"/> A-1 <input type="checkbox"/> F-1 <input type="checkbox"/> A-2 <input type="checkbox"/> F-2 <input type="checkbox"/> A-2.1 <input type="checkbox"/> H-1 <input type="checkbox"/> A-3 <input type="checkbox"/> H-2 <input type="checkbox"/> A-4 <input type="checkbox"/> H-3 <input type="checkbox"/> A-5 <input type="checkbox"/> H-4 <input type="checkbox"/> B <input type="checkbox"/> H-5 <input type="checkbox"/> E		FOR ASSISTANCE COMPLETING THIS SECTION CALL NUMBER LISTED BELOW <input type="checkbox"/> I-1 <input type="checkbox"/> R-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-3 <input type="checkbox"/> I-3 <input type="checkbox"/> R-4 <input type="checkbox"/> I-4 <input type="checkbox"/> S-1 <input type="checkbox"/> LC <input type="checkbox"/> S-2 <input type="checkbox"/> M <input type="checkbox"/> U-1 <input type="checkbox"/> R-1 <input type="checkbox"/> U-2 OTHER <input type="checkbox"/> VEHICLE <input type="checkbox"/> OUTSIDE	
NARRATIVE/CIRCUMSTANCES: Overloaded, overheated extension cord routed beneath bed in bedroom ignited combustibles stored on top of the extension cord. Fire spread to corner of bed where infant was laying. Upon discovery of smoke by other occupants, infant already sustained burn injuries. Infant transported, after delay, to Harborview, where she was in PICU for six days prior to death.			
REMIT INFORMATION WITHIN 48-HR WRITTEN NOTIFICATION • 48-HR VERBAL NOTIFICATION			
RETURN: PHONE:		ATTENTION: MELISSA GANNIE • PO BOX 42600 • OLYMPIA WA 98504-2800 (360) 596-3917 • FAX: (360) 596-3934 • E-MAIL: melissa.gannie@wsp.wa.gov	

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